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Bib Data Sheet

CONFIRMATION NO. 4424

SERIAL NUMBER 10/727,020	FILING DATE 12/02/2003 RULE	CLASS 424	GROUP ART UNIT 1655	ATTORNEY DOCKET NO. LLOYD1100
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APPLICANTS

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** CONTINUING DATA ***** *None*

sf
 ** FOREIGN APPLICATIONS ***** *None*

sf
 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 03/05/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY SINGAPORE	SHEETS DRAWING 2	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>sf</i> Initials			

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TITLE
 Compositions and method for treatment of steroid/nuclear receptor-mediated diseases

FILING FEE RECEIVED 588	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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